

NOTE: Your request will not be processed unless you are registered with eKASPER.

To verify your status as a requestor or for assistance with the registration process, please contact the Help Desk by email [to eKASPERHelp@ky.gov](mailto:to_eKASPERHelp@ky.gov) or by phone at 502-564-2703.

To apply for eKASPER access, go to  
<https://ekasper.chfs.ky.gov/accessrequest/accessrequest.aspx>

To be approved for an account, you must complete a two-part process:

1. Fill in the required information on-line.
2. Print out your hard-copy application and sign it along with the Terms of Account Use Agreement. You will have both documents notarized and then mail them, with photocopies of your credentials, to the address provided.

**Request for KASPER Report (Court)**

Please PRINT or TYPE Information on all lines

<b>Subject Name</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First <b>Required</b></span> <span>Last <b>Required</b></span> </div> <b>Address</b> _____  <b>City</b> _____, <small>State</small> _____ <b>Zip</b> _____  <b>ID</b> _____ <small>ID Type (check one): <input type="checkbox"/> SSN <input type="checkbox"/> Drivers License</small> <b>DOB</b> ____/____/____ <small>mm dd yyyy</small> <b>Is/was the subject known by other names?</b> <input type="checkbox"/> Other Names * <b>Does/did the subject have other addresses?</b> <input type="checkbox"/> Other Addresses **	<b>Date Range for Report</b> From ____/____/____ To ____/____/____ <small>mm dd yyyy mm dd yyyy</small> <b>Judge's Name</b> _____ <small>Please Print</small> <b>Term Expires</b> _____ <b>Fax Back Number</b> _____ <b>Case Number</b> _____ <div style="text-align: right;"><b>Required</b></div>
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\* Other Names (check Other Names box, above)

1. \_\_\_\_\_  

First
Last
2. \_\_\_\_\_  

First
Last
3. \_\_\_\_\_  

First
Last

\*\* Other Addresses (check Other Addresses box, above)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Court Location Details**

\_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City, State Zip** \_\_\_\_\_

\_\_\_\_\_

**Telephone #** \_\_\_\_\_

By signing this request, I hereby certify that I am authorized to receive the requested data in accordance with the criteria in KRS 218A.202 (6)-(g): A judge administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program. I further certify that I have read and understand this criteria, and that I understand the knowing disclosure of this data to person not authorized to receive the data is a Class D felony in accordance with KRS 218A.202(12).

Judge's Signature \_\_\_\_\_

**Limit 15 Requests  
per Fax**

For KASPER Staff Only

**Cabinet for Health and Family Services**

Office of Inspector General / Division of Fraud, Waste & Abuse  
 Drug Enforcement and Professional Practices Branch  
 275 East Main Street HS2C-B  
 Frankfort, KY 40621 Phone 502-564-7985 Fax 502-564-7468

